

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035

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PROCTOR AND TESTING CENTER INFORMATION CHANGE FORM
Commission Rule 219, TCOLE Test Center Contract Agreement, PCI Agreement

This form is used to notify both TCOLE and Productivity Control, Inc. (PCI) of information changes for test proctor(s), test administrator, contact information, changes to the testing facility address or other notifications. **Please Print Legibly.**

This form may only be submitted by the test center administrator, designated liaison or agency head as shown in TCLEDDS or otherwise accompanied by a memorandum on departmental letterhead to support an alternate agency representative.

Any change in the testing proctor or testing administrator requires notification to **BOTH TCOLE AND /PCI**. For TCOLE contact Chris Varady at chris.varady@tcole.texas.gov; and "Productivity Center" (PCI) at tcleddds@prodctr.com for information.

Testing Center Name		Testing Center ID Number		Submittal Date	
Submitted by: <input type="checkbox"/> Agency Head <input type="checkbox"/> Test Center Administrator <input type="checkbox"/> PCI Liaison / Lead Proctor	First Name	Last Name	Phone	Email	

☐ **Change in testing proctor information #1** (A Testing Proctor must read the Electronic Testing Manual available on the TCOLE web site.)

<input type="checkbox"/> Add <input type="checkbox"/> Remove	TCOLE PID (if applicable)	First Name	M.I.	Last Name	Suffix
<input type="checkbox"/> Info change only					
Mailing Address		City		State	Zip
Work Phone	Cell Phone	Email			

☐ **Change in testing proctor information #2** (A Testing Proctor must read the Electronic Testing Manual available on the TCOLE web site.)

<input type="checkbox"/> Add <input type="checkbox"/> Remove	TCOLE PID (if applicable)	First Name	M.I.	Last Name	Suffix
<input type="checkbox"/> Info change only					
Mailing Address		City		State	Zip
Work Phone	Cell Phone	Email			

☐ **Change in test center administrator or lead proctor information**

The "Testing Center Administrator" is the person designated as the liaison or point of contact between TCLEDDS/PCI and the testing center.

<input type="checkbox"/> New Administrator <input type="checkbox"/> New Lead Proctor	TCOLE PID (if applicable)	First Name	M.I.	Last Name	Suffix
<input type="checkbox"/> Info change only					
Mailing Address		City		State	Zip
Work Phone	Cell Phone	Email			

☐ **Change or Addition to the Testing Facility, Software or Access Security Systems, or Other Required Notifications**

Provide notification of changes of Training Facility name, physical address / location, mailing address or contact information.

<input type="checkbox"/> Facility/Site Change (Attach Photos for ACE Review) <input type="checkbox"/> Software or System Access Security Change/Update <input type="checkbox"/> Other Notification: (Specify)	Primary Contact Name	Phone	Email
Details: (Attach additional documentation pages if necessary.)			

By signature below I attest that the above information is true, accurate and correct and I am authorized to submit this document to TCOLE and PCI.

/ /

(Type or Print) Name	Title	Signature (Typed or Electronic Not Accepted)	Date
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Submit 1 copy via email to tcleddds@prodctr.com and 1 copy via email to chris.varady@tcole.texas.gov.